



# TRANSMITTAL FORM

Application No.:	09/997,926
Filing Date:	November 30, 2001
First Named Inventor:	Tzvi V. Rubenstein
Group Art Unit	2114
Examiner:	Bonura, Timothy M.
Customer No.	24227
Total Number of Pages in this Submission:	Docket No. EMC-01-187

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate)	<input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Declaration/Power of Attorney	<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)
<input type="checkbox"/> After Final	<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate)
<input type="checkbox"/> Affidavits/Decl.	<input type="checkbox"/> Revocation of Power of Attorney	<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Extension of Time Request for ___ Months (in duplicate)	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Continued Examination Transmittal	<input type="checkbox"/> Letter to Official Draftsperson with three (3) sheets of redlined changes to drawings	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Copy of PTO 948, "Notice of Draftsperson's Patent Review"	<input checked="" type="checkbox"/> Certificate of First Class Mailing
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Certificate of Express Mail Mailing
	<input type="checkbox"/> Additional Enclosures:	<input checked="" type="checkbox"/> Postcard

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Date	October 14, 2004	Robert Kevin Perkins Esq. (Reg. No. 36,634)
		EMC Corporation
		Office of the General Counsel
		176 South Street
		Hopkinton, MA 01748

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8]

I hereby certify that this correspondence and the above-referenced enclosures are being:

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Date	October 18, 2004	Signature	Sandra A. Kulaga
			Sandra A. Kulaga
			Typed or printed name of person signing certificate

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**FEE TRANSMITTAL**  
**For FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 88.00)**Complete if Known**

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Art Unit	2114
Attorney Docket No.	EMC-01-187

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money ☐ Other ☐ None  
Order
☒ Deposit AccountDeposit Account  
Number

05-0889

Deposit Account  
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EMC Corporation

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2004	80	Provisional filing fee	

**SUBTOTAL (1)** (\$ )**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims		Fee from below		Fee Paid
Total Claims						
Independent Claims	20	-20** =	0	X	18.00	0.00
Multiple Dependent	4	-3** =	1	X	88.00	88.00

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 end over original patent	

**SUBTOTAL (2)** (\$ 88.00)

\*\* or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1530	2254	765	Extension for reply within fourth month	
1255	2080	2255	1040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1370	2453	685	Petition to revive - unintentional	
1501	1370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Based Filing Fee Paid

**SUBTOTAL (3)** (\$ )**SUBMITTED BY**

Complete (if applicable)

Name (print/Type)	Robert Kevin Perkins	Registration No. (Attorney/Agent)	36,364	Telephone	508-293-6985
Signature	<i>Robert K. Perkins</i>	Date	October 18, 2004		

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